



Twubakane Decentralization and Health Program



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Twubakane

**Contributions
to Rwanda's Results
in Decentralization
and Health**

**End of Project Ceremony
December 18, 2009**



Rwanda Decentralization and Health Program



The conception...



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In early 2004, the Government of Rwanda and the US Agency for International Development designed the Rwanda Decentralization and Health Project



Rwanda Decentralization and Health Program



The conception...

“to increase access to and quality of comprehensive family planning/reproductive health, and child survival, malaria, and nutrition services within Rwanda’s integrated minimum and complementary packages of activities at different levels of the decentralized health care and administrative systems...

fostering decentralized local government that is responsive to local needs, and promoting sustainable use of community health services”



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The birth...



January 2005



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- **Bi-lateral project between:**
USAID/Rwanda and the Government of Rwanda
- **Length of program:**
5 years, January 2005–January 2010
- **Program Funding:**
US\$ 28,000,000+, funded by USAID



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- **Prime:**
IntraHealth International



- **Partners of IntraHealth:**

**RTI International, Tulane University,
Engender Health, VNG, RALGA, Pro-
Femmes**



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- **Local Government of Rwanda Partners:**
**MINALOC, MINISANTE, 12 districts of
Rwanda (MINECOFIN, MIGEPROF and other
ministries)**



Twubakane Program

in 2005

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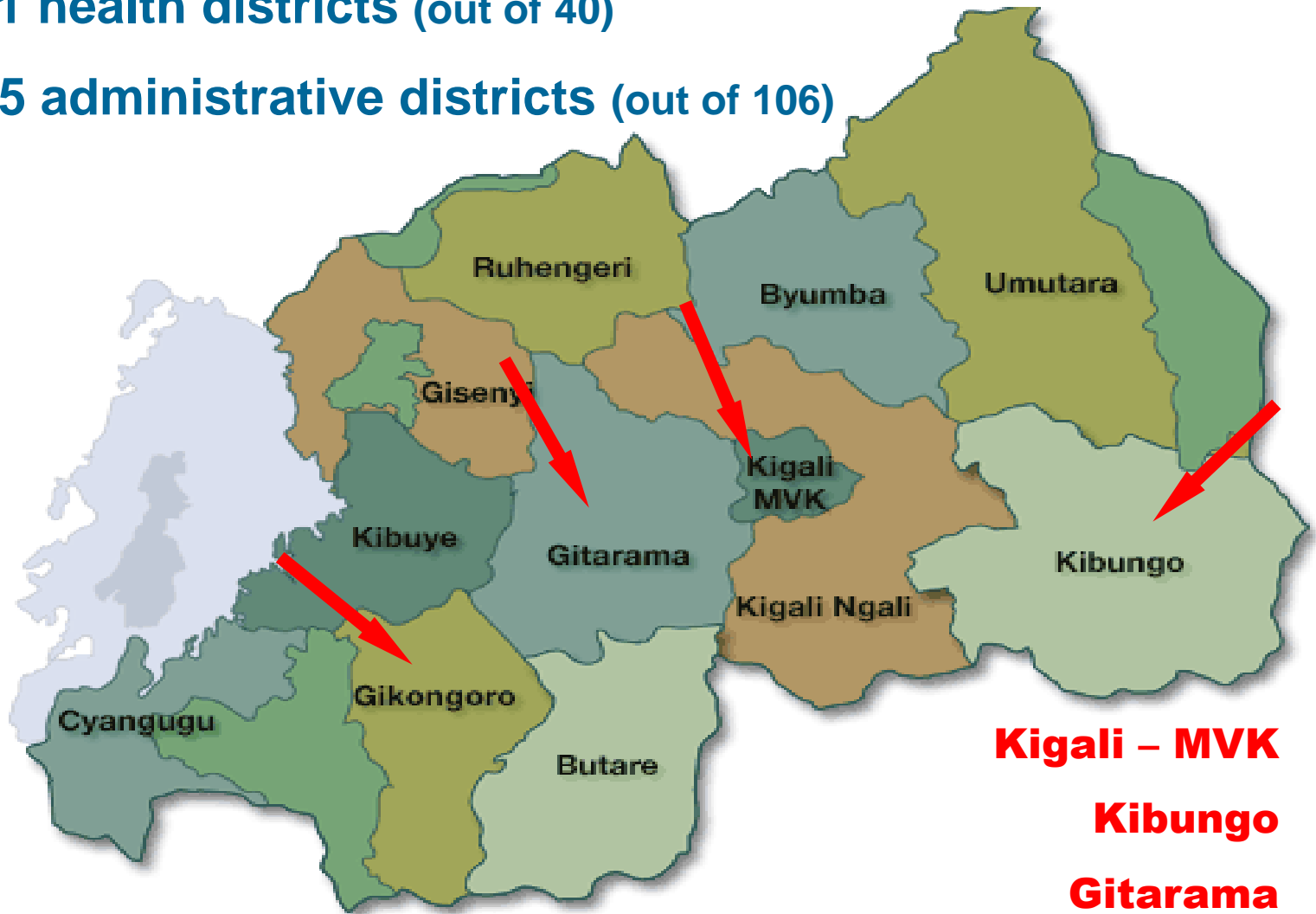


11 health districts (out of 40)

35 administrative districts (out of 106)



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Kigali – MVK

Kibungo

Gitarama

Gikongoro

2nd Phase of Decentralization



Started in January 2006

- 30 districts
- Locally elected mayors and directors of health
- Fiscal decentralization



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starting in January 2006

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3.5 million (out of est. 9.8 million)

12 districts

14 hospitals

136 public health centers

Health Facilities

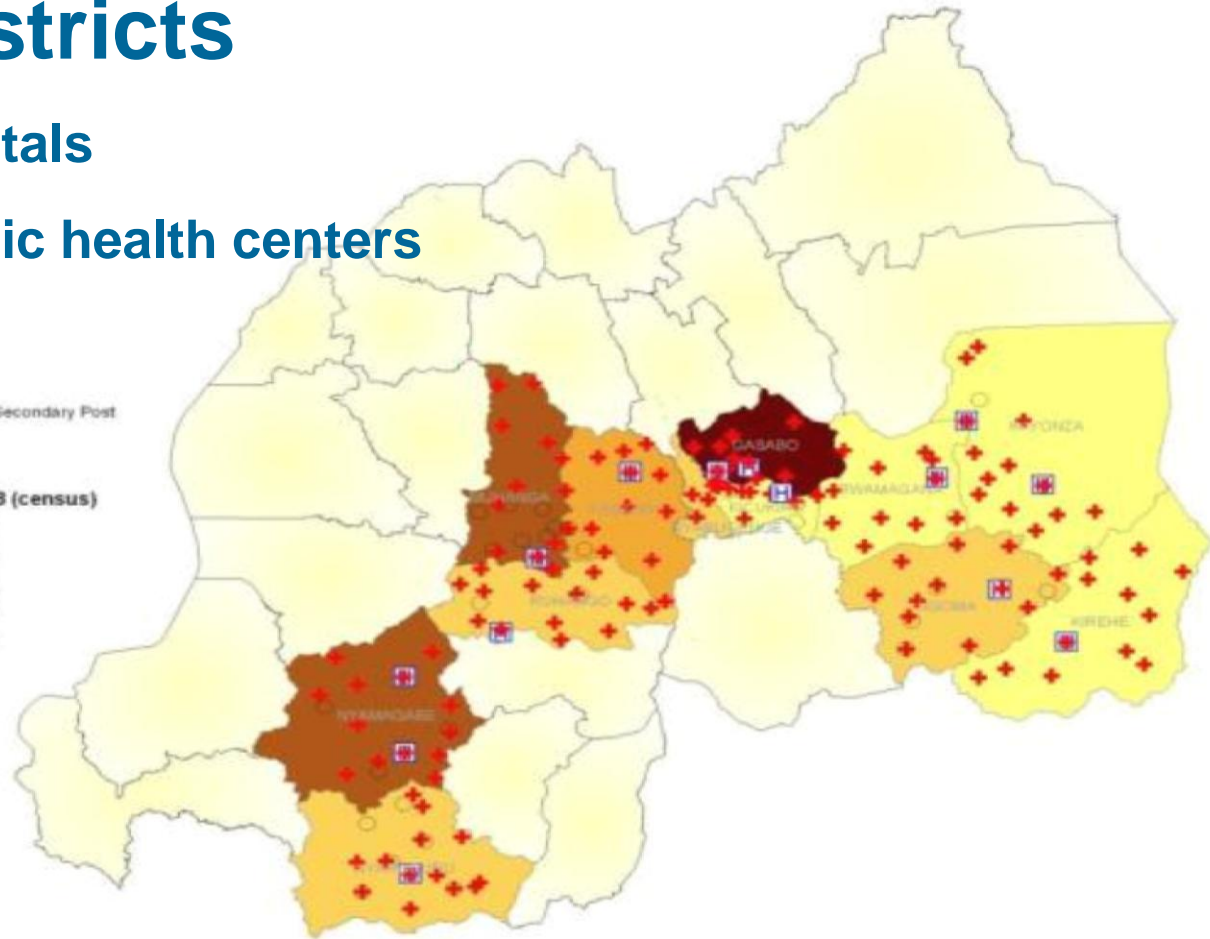
Type

-  District Hospital
-  Family Planning Secondary Post
-  Health Center

Districts

Population est. 2008 (census)

-  245270 - 271871
-  271872 - 298472
-  298473 - 325073
-  325074 - 351674
-  351675 - 378276



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Goal

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to increase access to, quality of, and utilization of family health services* in health facilities and communities

by strengthening the capacity of local governments and communities to ensure improved health service delivery at decentralized levels

- *package of family health services includes family planning/reproductive health and child survival/malaria and nutrition services*

Approach



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- Close collaboration with Government of Rwanda and civil society
- Support to central level and decentralized levels
- Support development of national standardized policies, programs and materials
- Support existing structures and systems instead of creating new ones



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Approach

- Combination of technical and financial support
- Technical staff and field coordinators (based in district offices)
- Partnership with other development partners and respect of consultative process at all levels



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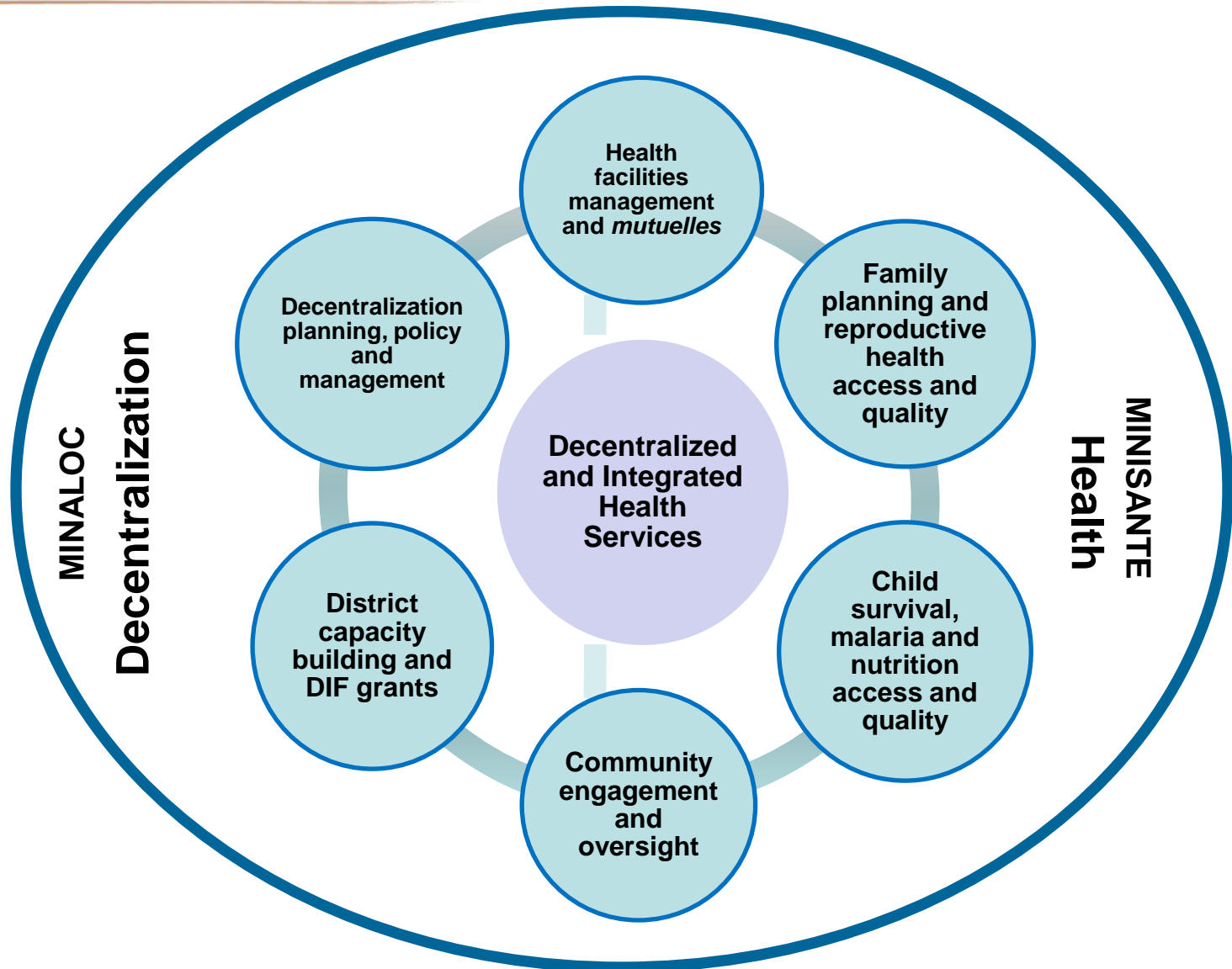


Twubakane Framework

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Key results

in decentralization and health



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- ✓ family planning
- ✓ safe motherhood
- ✓ gender-based violence prevention & response
- ✓ integrated management of childhood illness
- ✓ nutrition
- ✓ community-based nutrition
- ✓ health facility management
- ✓ *mutuelles*
- ✓ health financing
- ✓ community health
- ✓ quality assurance
- ✓ health sector reform

Policy and program development

- ✓ fiscal decentralization policy and equalization formula
- ✓ district capacity-building needs assessment
- ✓ planning and budgeting manuals
- ✓ Decentralization Implementation Plan
- ✓ Rwanda Decentralization Strategic Framework
- ✓ Transparency and Accountability Framework
- ✓ management Information system framework
- ✓ district audit training



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Family planning



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- Decentralized and on-the-job training
 - › 1258 providers trained and supported
- 31 family planning secondary posts
- Introduction of long-acting methods at health center level

2005

7% offer Implants

1% offer IUDs

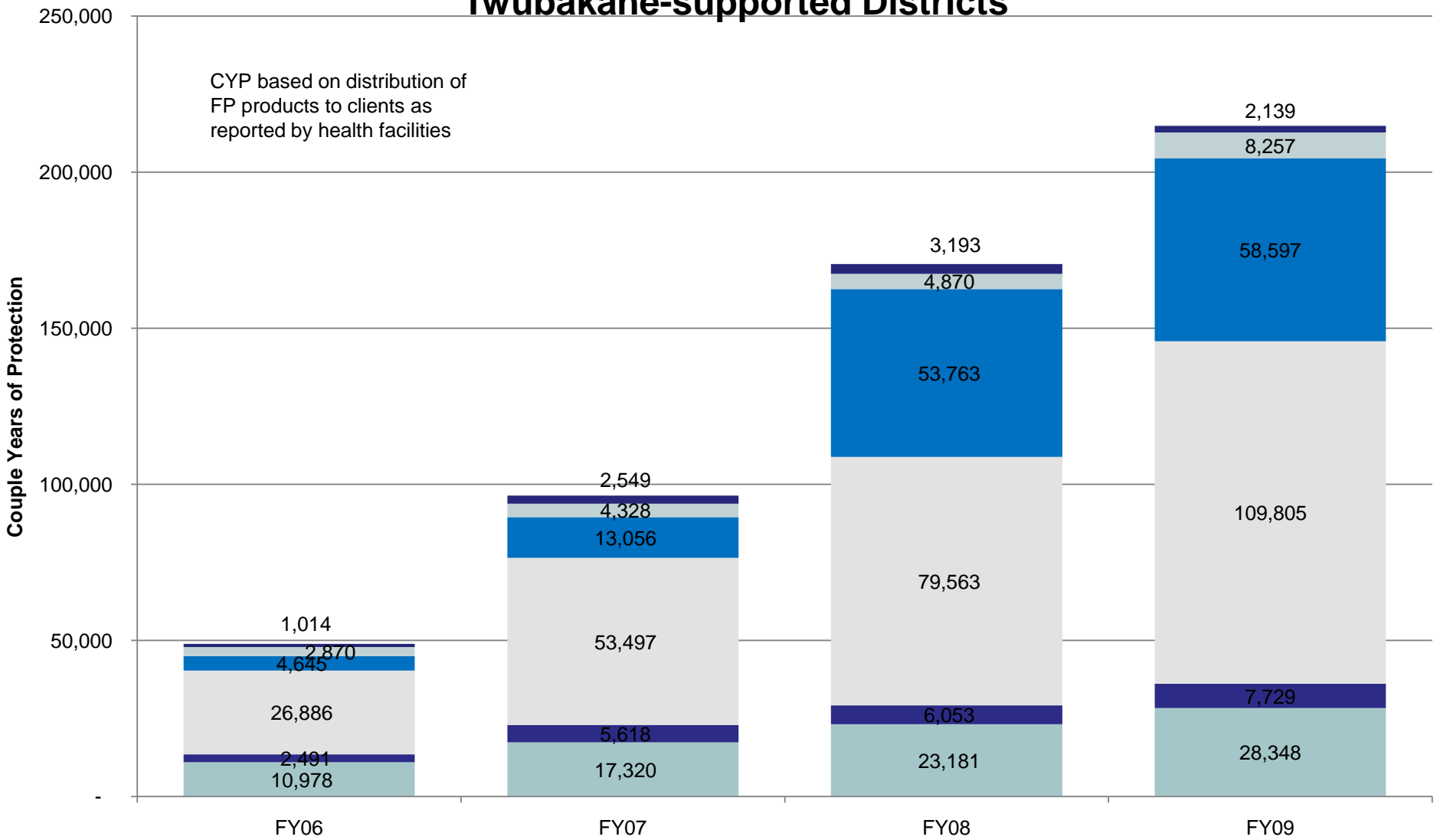
2009

100% offer Implants

36% offer IUDs

Couple Years of Protection 2006—2009

Twubakane-supported Districts



■ Pill
 ■ Barrier
 ■ Depo-Provera
 ■ Implant
 ■ IUD
 ■ Cycle beads



Maternal health

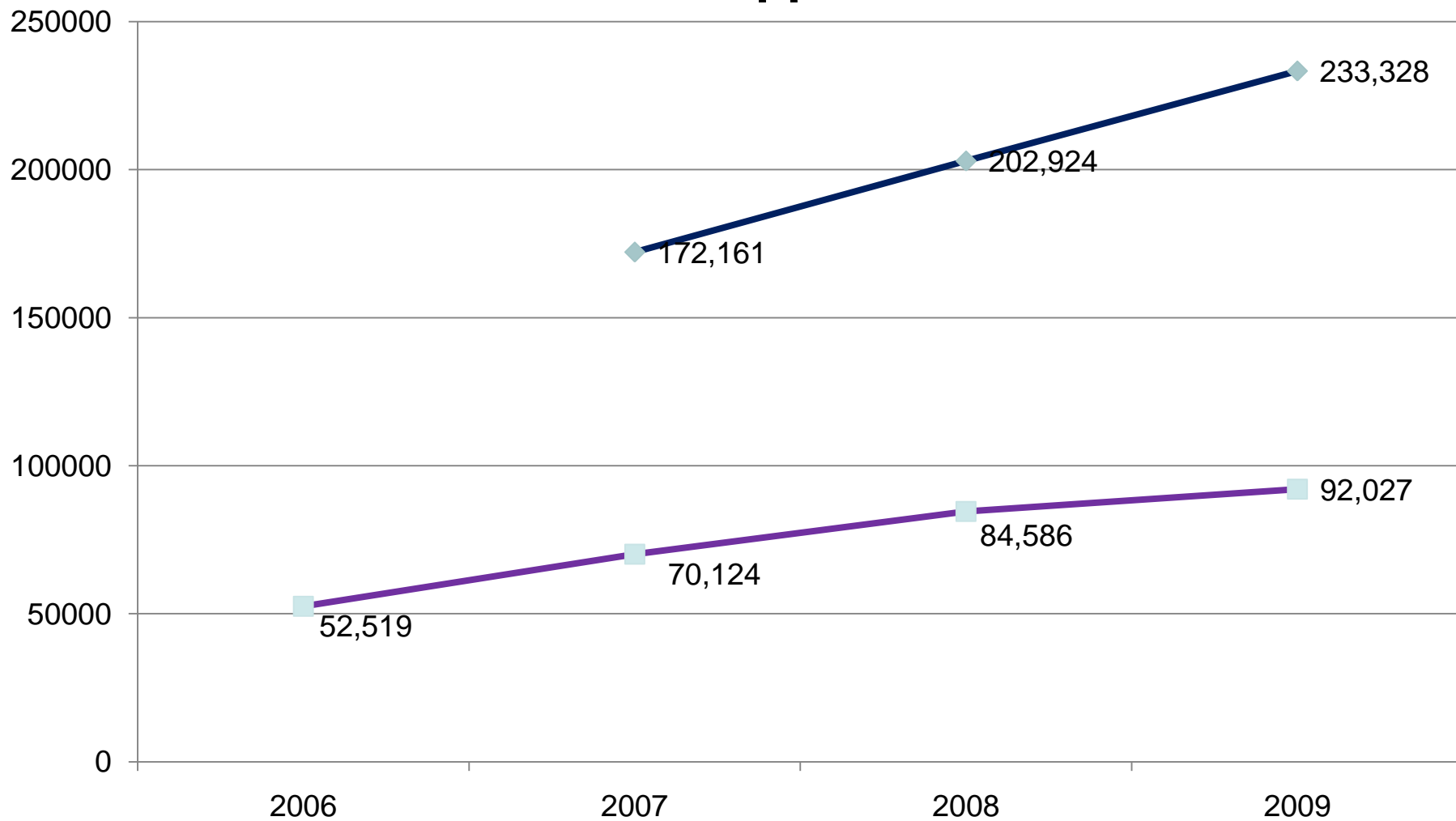
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- Decentralized training in district hospitals
 - › 450 providers trained and supported in safe delivery and emergency obstetrics/neonatal care
- Prevention of post-partum hemorrhages
 - › 88% of deliveries in health centers had active management of the third stage of labor (2009)

Maternal Health Services Twubakane-supported Districts



◆ # ANC visits by skilled providers ■ # Deliveries with Skilled Birth Attendants



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Community health



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- Community health workers supported in five districts
 - › 3619 CHWs offering home-based management of malaria or community integrated management of childhood illness
 - 86,458 children under five treated for malaria fever (in 2009 alone)
- Community-based nutrition in 12 Twubakane-supported districts
 - › 861 CHWs trained and supported



Integrated management of childhood illness

- 411 health care providers trained and supported
- 75% of health centers actively implementing clinical IMCI



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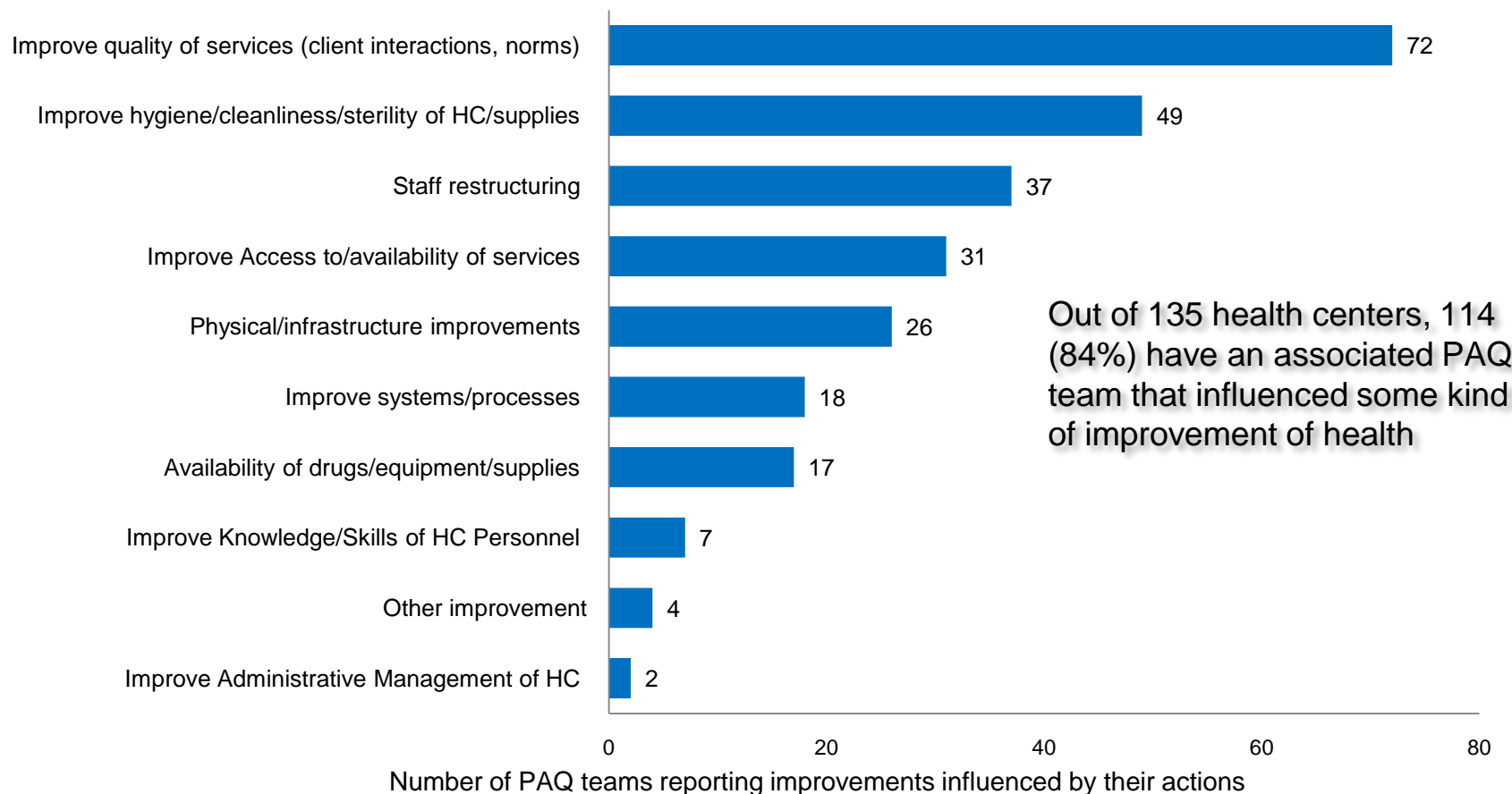


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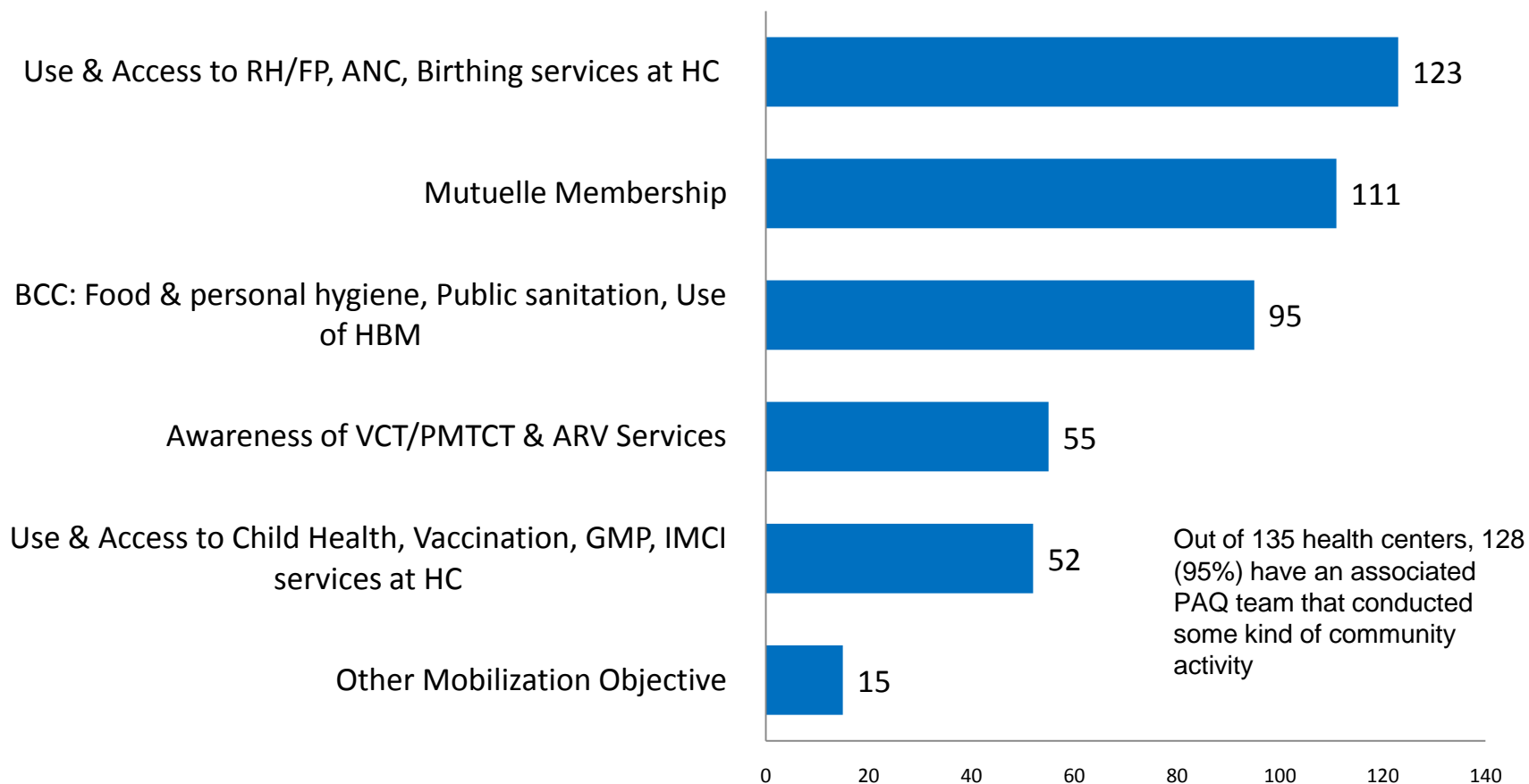
Community-provider partnership teams, *Partenariat pour l'Amélioration de la Qualité (PAQ)*

- 133 PAQ partnership teams
- 84% of health centers have PAQ team improving health services
- 94% of health centers have PAQ team supporting community mobilization

Improvements to health services influenced by community-provider partnership (PAQ) teams



Community mobilization activities supported by community-provider partnership (PAQ) teams



Number of PAQ community mobilization activities with these objectives

District capacity building



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- Support for transparency and anti-corruption initiatives
 - › partnership with Rwanda Association of Local Government Authorities (RALGA)
- Engaging mayors and other local authorities in HEALTH
 - › supporting districts with *Imihigo* and planning, budgeting and reporting



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District capacity building

District Incentive Fund grants program

- \$6 million in grants over five years, \$500,000/district
- Support improved health, and building district capacity to better plan for, budget and manage health services
- Mobilization of more resources for health
- Districts appreciate combined technical and financial support



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District Incentive Funds & Health Infrastructure

- DIF grants used for improvements in health facilities

	<u>Renovations</u>	<u>Equipment</u>
• Hospitals	4	21
• Health centers	27	135
• Health posts	6	16



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Mutuelles de santé

- Support to national mutuelles support unit
- Support to mutuelles associations to cover “indigent” population
- Consistently high rates of mutuelles coverage, averaging 70%



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Health facilities management

- Hands-on management support to mutuelles
 - › 391 managers and health center staff trained and supported
- Strengthen capacity of hospitals and health centers to better manage resources
- Support for guidelines for health facility management



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Applying lessons learned

The Twubakane Program has strived to learn from, adapt to and apply lessons, responding to a rapidly changing environment to ensure sustainable results.



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Lessons learned



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- Political commitment and leadership
- Central level — key role in supporting decentralization
- Districts with capacity to perform = effective decentralization



Lessons learned

- Accountability and transparency = good governance
- Integration of services must be client-focused
- Data-driven decision making leads to needs-based activities and real results





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**Ijisho rya mukuru
ntirizinduka,
riba ryagiye kureba.**

*A wise person's eyes do not wander.
Rather they see, they study, and they
search for solutions...*



MERCI! MURAKOZE!

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